CRIHB Tribes and THPs COVID-19 Weekly Call
Meeting Notes

Guest Speakers:
Julianne McQuitty, California Department of Social Services
Heather Hostler, California Department of Social Services

Link to recording:
https://us02web.zoom.us/rec/share/_ZZUII7Ur2FOYM_f82r_eYc7TtTheaa81yYY-vEImEsOhJo97rKZdF032FgCZ3JF
Password: 1v!47.0J

- We have over 80,000 cases in California
- Total of 76 tribes declared state of emergency which is increase of 67 tribes
- California has 85 positive cases
    - Self-reported to the IHS which are the ones seem at the clinic
- CTEC reports look at what is look at in the state
    - 108 COVID cases that has been reported by the state
    - Cases are under reported because the state tends to put people in the multi-racial group and the 108 is not accurate and is low in our population
- Explaining the low numbers in Arizona (question)
    - Does not include Navajo and that is why the Navajo cases that are in Arizona are not included in phoenix
    - The Phoenix area includes Nevada and these are self-reported and not all of their clinics are reporting to IHS. again it is based on self-report data
    - The low numbers can be due to underreporting
- In california, there are 14 deaths in AIAN but the data is underreported
- CalOES calls are moved to Wednesdays at 11am
- Project Roomkey (guest from DSS - Heather Hostler and Julie McQuitty)
    - Locally driven, state supported initiative that was creased to provide emergency housing in hotels/motels/and trailers for sick and medically vulnerable individuals experiencing homelessness in response to COVID-19
    - Mission is to mitigate transmission, reduce hospital surge, and protect lives
    - $150M in state funding made available to support COVID-19 response for people experiencing homelessness
    - They are working on the final stages of the COVID-19 website.
        - Looking into Tribal impact blend
        - Partner programs
    - Project Roomkey was started the state and is to prevent hospital charges for homelessness
    - It to help isolation with private rooms and private bathrooms
    - The state role is to provide TA and support the community to understand what their needs are.
        - Provide ongoing public health guidance, training materials, master agreement for wrap around services, TA in emergency operations
        - Working closely with the county health departments, but also we learn from Tribal health organizations to understand what their needs are for the THP.

- The state of california was able to secure an approval from FEMA to provide up to 75% of reimbursement for non-congregate shelter
    - California was first in the united states to get this approval
    - Approval until May 31, 2020 but is trying to get an extension
- Population that is eligible for FEMA reimbursement
    - Individuals who test positive for COVID-19 that do not require hospitalization, but need isolation or quarantine
    - Individuals who have been exposed by state or local public health official, medical health professionals that need isolation but not hospitalization
    - Individuals who are asymptomatic
- Question from participant: How has this been used so folks will know where to get resources
    - Right now they are learning new things each day on how funding is awarded to community but the first step is to contact the housing team
    - housing@dss@cs.gov
- Question from participant: What challenges you face with housing for people in rural areas
    - Some of the property owner is different and some may not wish to use a hotel for this purpose and worry about their community getting exposed
    - The goal of this project is to provide a safe place for isolation
    - Hotel owners have concerns with insurance and insurance carrier may not provide insurance to them since they are using the hotel in a different way than usual
    - They might need to enhance their insurance to have their hotel used for isolation
- Question from participant: What is a typical turn around period? Cause for small community there could be an outbreak and need to secure place for isolation
    - Turnaround time is going to vary depending on the local government take is on the occupancy agreement and each property owner is different
    - I have seen places for a couple a days and other places for a couple of weeks
- DSS do have other programs that they would like tribal community to use and they would like to understand what the tribal needs are so they can help target those needs
    - The application is coming up and at the moment they are drafting the application
- 6 Modifying the state and home orders
    - We are currently in state 2
        - Some counties who moved to stage 2 through a testing and criteria
            - Placer county is one of those counties
    - Federal response
        - RFA is released and the deadline is May 31, 2020
        - Everyone will receive a base amount of $25,000
            - Money may be different based on which component you are
    - Dr. Kim reaches out to the clinics when he sees a positive case in the IHS portal

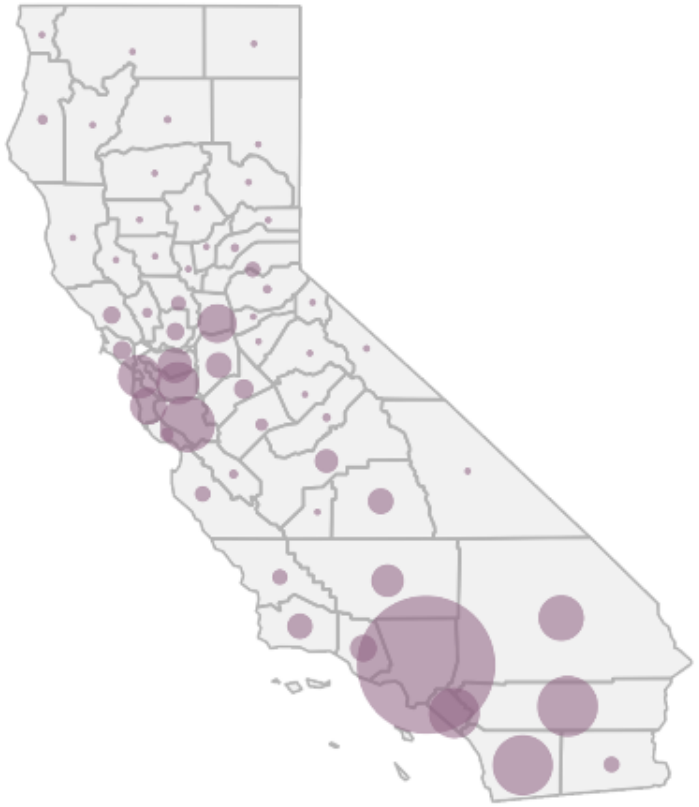
CRIHB COVID-19 Updates May 19, 2020

Please sign-in in the Group Chat with your name and Tribe or Tribal Health Program name

California COVID-19 By The Numbers

May 18, 2020

Numbers as of May 17, 2020



For county-level data:
data.chhs.ca.gov

CALIFORNIA COVID-19 SPREAD

80,430

Total Cases

Ages of Confirmed Cases

- 0-17: 3,355
- 18-49: 40,539
- 50-64: 19,703
- 65+: 16,727
- Unknown/Missing: 106

Gender of Confirmed Cases

- Female: 39,425
- Male: 40,533
- Unknown/Missing: 472

Hospitalizations

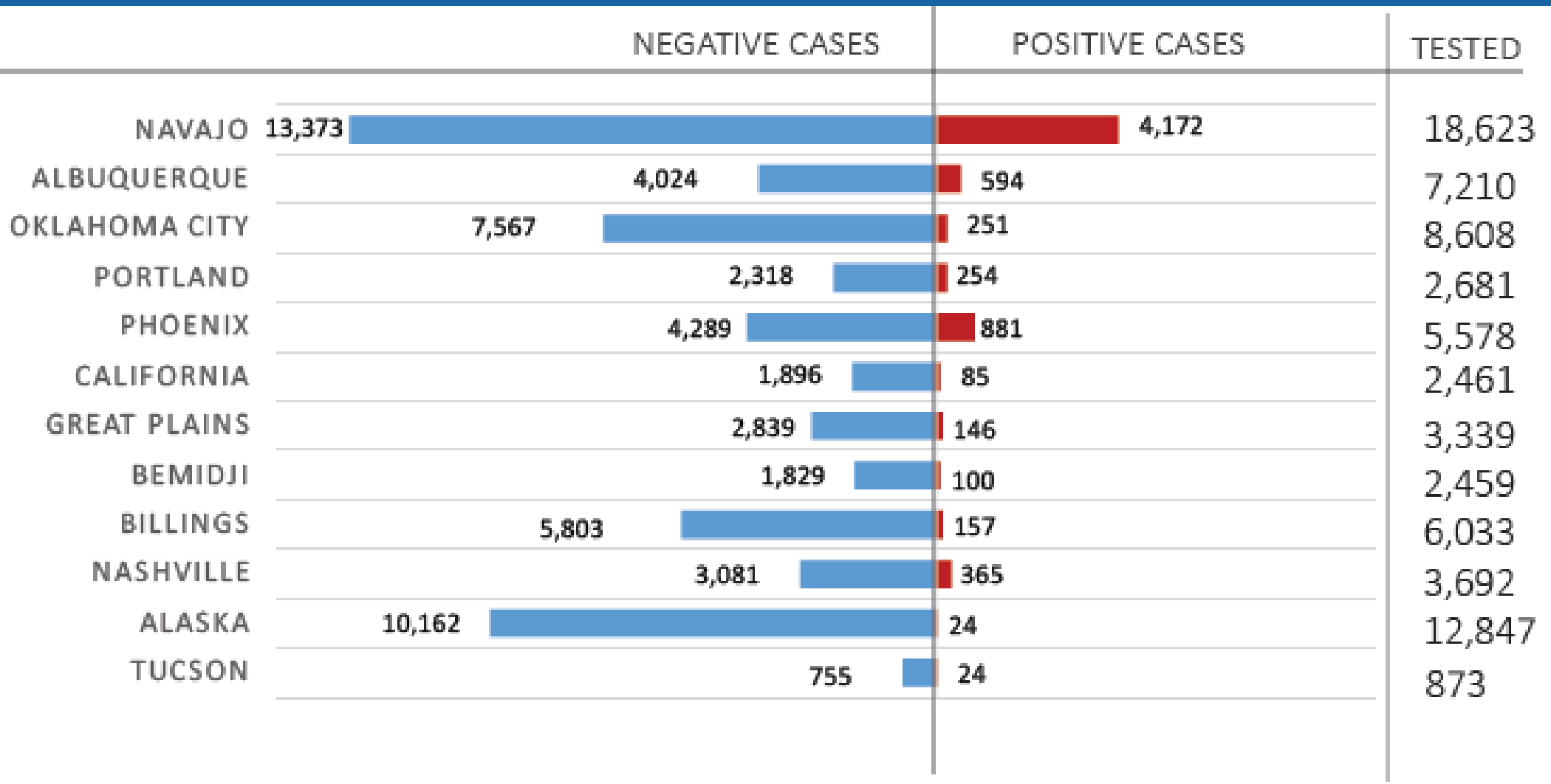
Confirmed COVID-19
3,037/1,076
Hospitalized/in ICU

Suspected COVID-19
1,354/249
Hospitalized/in ICU

3,302
Fatalities

76 Federally recognized Tribes declared state of emergencies; increase from 67

COVID-19 CASES BY IHS AREA AS OF MAY 16, 2020*

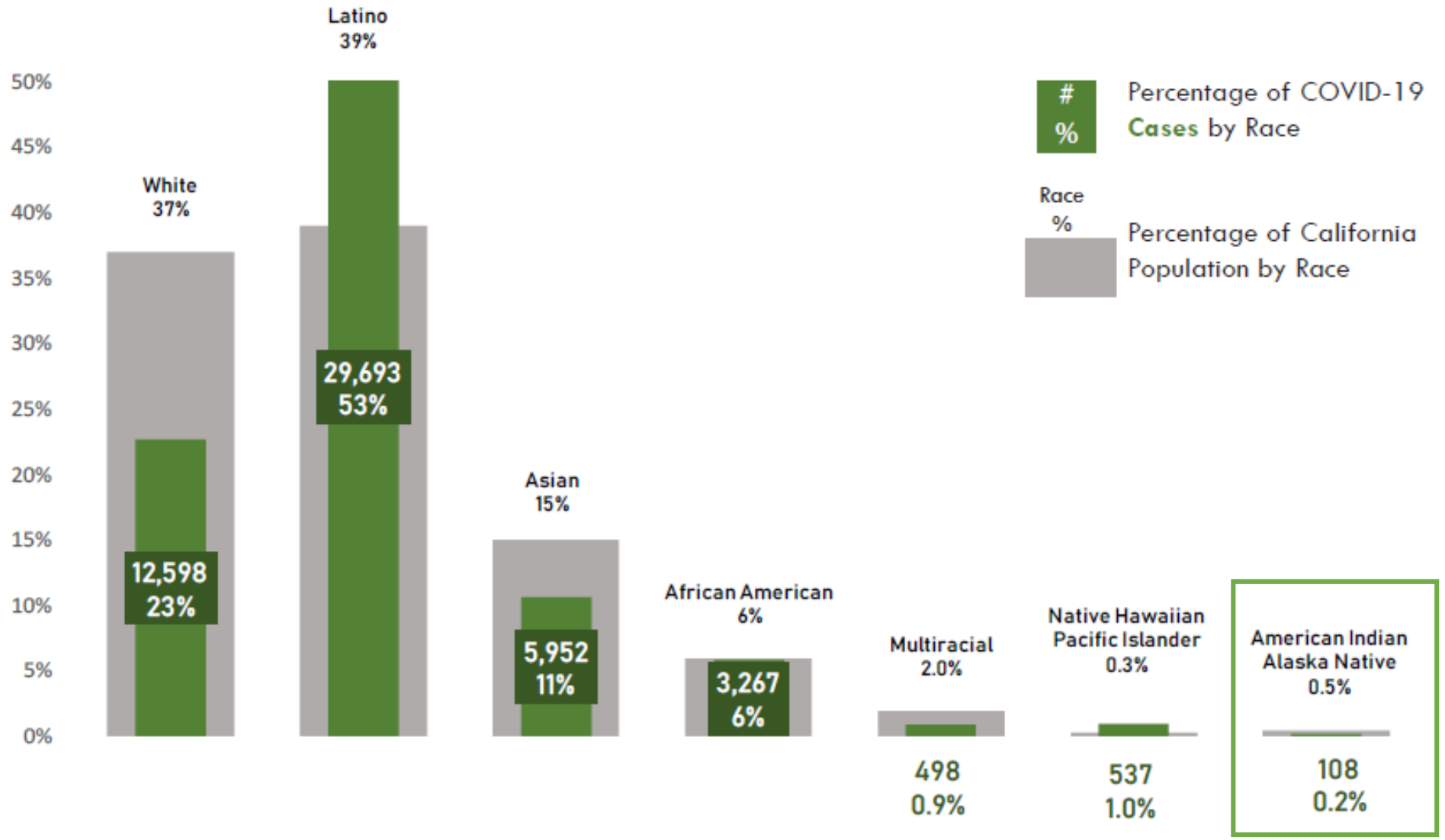


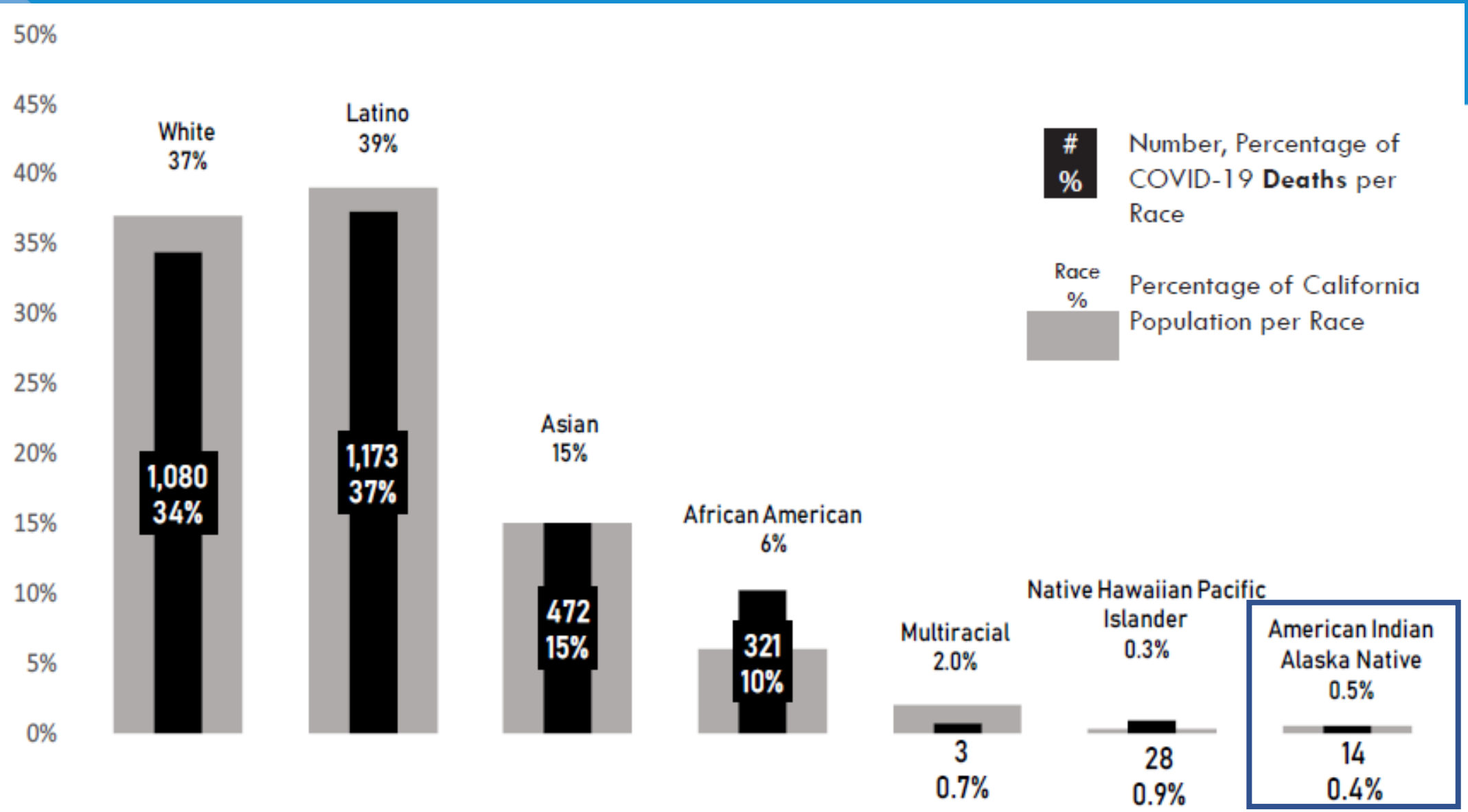
*as of 7PM EST May 16, 2020

Based on self-reported data to IHS

RACIAL DISTRIBUTION OF CONFIRMED COVID-19 CASES AND DEATHS IN CALIFORNIA

American Indians and Alaska Natives account for 0.5% percent of the population, **0.2% of COVID-19 cases**, and **0.4% of deaths** in California. These include **108** cases and **14** deaths among American Indian and Alaska Native people in California.





31% of cases and 2% of deaths are of unknown race/ethnicity. As of 5/17/2020. Source: CDPH

State Response

- CalOES Statewide Tribal Assistance Coordination Group (TAC-G) call:
  - W only @11:00AM, 1-888-240-2560; 282056959#
- Governor's Tribal Advisor Tribal Leaders call:
  - W @ 5:00PM (This call is by invite only to Tribal leaders and council members)
- Operational Area (OA)/Tribal Coordination call:
  - M, W, F @ 2:00PM, 1-844-291-5489; 615888#
- Region COVID-19 Briefing call:
  - Daily @ 3:30PM by Regions I-VI

Project Roomkey

A First-in-the-Nation Initiative to Secure Hotel & Motel Rooms to Protect Homeless Individuals from COVID-19

Heather Hostler
Director, Office of Tribal Affairs
California Department of Social Services

Julie McQuitty
Acting Bureau Chief, Housing and Homelessness Branch
California Department of Social Services

Project Roomkey:
California Effort to Protect People who are Homeless in the COVID-19 Response

California Department of Social Services

Project Roomkey

- Locally driven, State supported initiative that was created to provide emergency housing in hotels/motels/and trailers for sick and medically vulnerable individuals experiencing homelessness in response to COVID 19
- Mission is to mitigate transmission, reduce hospital surge, and protect lives
- Goal of 15,000 units
- $150M in state funding made available to support Covid-19 response for people experiencing homelessness

Photo by Michael Owen Baker/Los Angeles County

State role

- In addition to funding the effort, various State agencies provide on-going public health guidance, training materials, master agreement for wrap around services, technical assistance in emergency operations
- Hotel/motel identification and occupancy agreement negotiation
- Support the connection to essential behavioral health and health care services including telehealth
- Ensure deployment of resources match the need of counties with significant homeless populations that are also experiencing high concentrations of COVID-19 transmission

FEMA Approval of Non-Congregate Shelter

- California made a request for FEMA Public Assistance on March 25, 2020
- State received approval on March 27, 2020
- California was the first state to obtain approval from FEMA to provide non-congregate housing alternatives for people with unstable housing who may need to quarantine in response to COVID-19

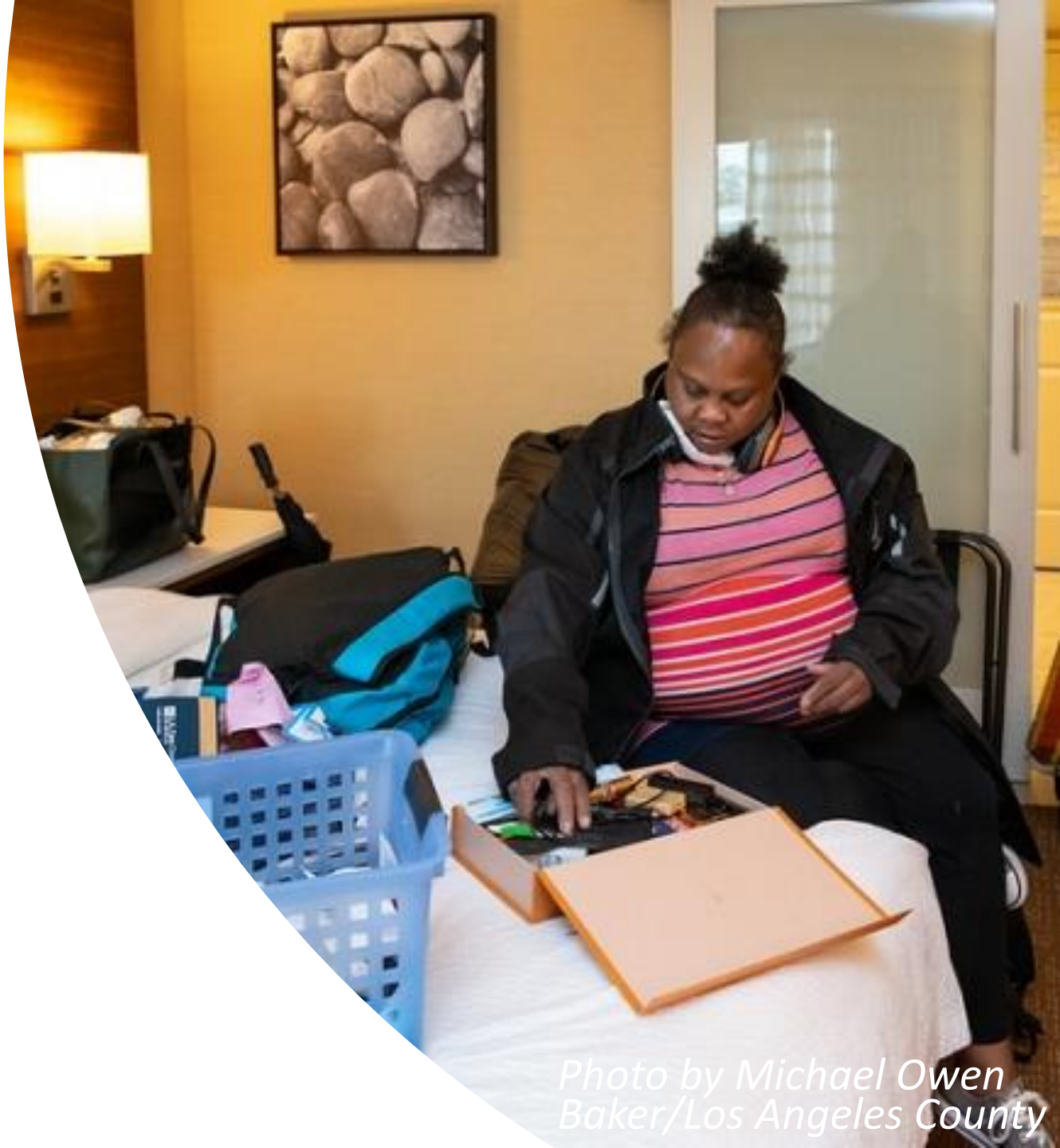


Photo by Michael Owen Baker/Los Angeles County

FEMA reimbursement

- 75% FEMA reimbursement to state or local government
- Non-congregate shelter and wrap around services directly necessary for the safe and secure operation of facilities are reimbursable
- Case management and behavioral health services not reimbursable
- Approval though April 30, 2020 with opportunity to request extension
- Must maintain tracking mechanism to provide sufficient data and documentation to establish eligibility-plan to use HMIS

Populations served through FEMA assistance

1. Individuals who test positive for COVID-19 that do not require hospitalization, but need isolation or quarantine (including those exiting from hospitals);
2. Individuals who have been exposed to COVID-19 (as documented by a state or local public health official, or medical health professional) that do not require hospitalization, but need isolation or quarantine; and
3. Individuals who are asymptomatic, but are at “high-risk,” such as people over 65 or who have certain underlying health conditions (respiratory, compromised immunities, chronic disease), and who require Emergency NCS as a social distancing measure

Rationale for FEMA approval

- Individuals lacking stable housing are more likely to use hospital emergency rooms.
- Patients experiencing homelessness are admitted to inpatient units 5 times more often than people who have stable housing.
- Protecting individuals experiencing homelessness will relieve pressure on the hospital system by separating high-risk individuals who are homeless from COVID-positive or persons under investigation (PUI), in order to protect public health and safety for the duration of this public health emergency.

Q & A

Julie McQuitty
Acting Bureau Chief, Housing and Homelessness Branch
California Department of Social Services
Julianne.McQuitty@DSS.ca.gov

Heather Hostler
Director, Office of Tribal Affairs
California Department of Social Services
Heather.Hostler@dss.ca.gov

6 Indicators for Modifying Stay-at-Home Order

- Ability to test, contact trace, isolate, and support the exposed
- Ability to protect those at high risk for COVID-19
- Surge capacity for hospital and health systems
- Therapeutic development to meet the demand
- Ability of businesses, schools, and childcare facilities to support physical distancing
- Determination of when to reinstitute measures like Stay-At-Home

Resilience Roadmap Stages

STAGE 1: Safety and Preparedness

Making essential workforce environment as safe as possible.

STAGE 2: Lower Risk Workplaces

Creating opportunities for lower risk sectors to adapt and re-open.

Modified school programs and childcare re-open.

STAGE 3: Higher Risk Workplaces

Creating opportunities for higher risk sectors to adapt and re-open.

STAGE 4: End of Stay-At-Home Order

Return to expanded workforce in highest risk workplaces.

Requires Therapeutics.

Move to Stage 2: Regional Variation

- Counties can move more quickly through Stage 2, if they attest that they meet the State's readiness criteria

- Counties must create and submit a readiness plan which will be publicly available

Total California Statistics

Total vs Last 14 day change

78,839
Positive Cases

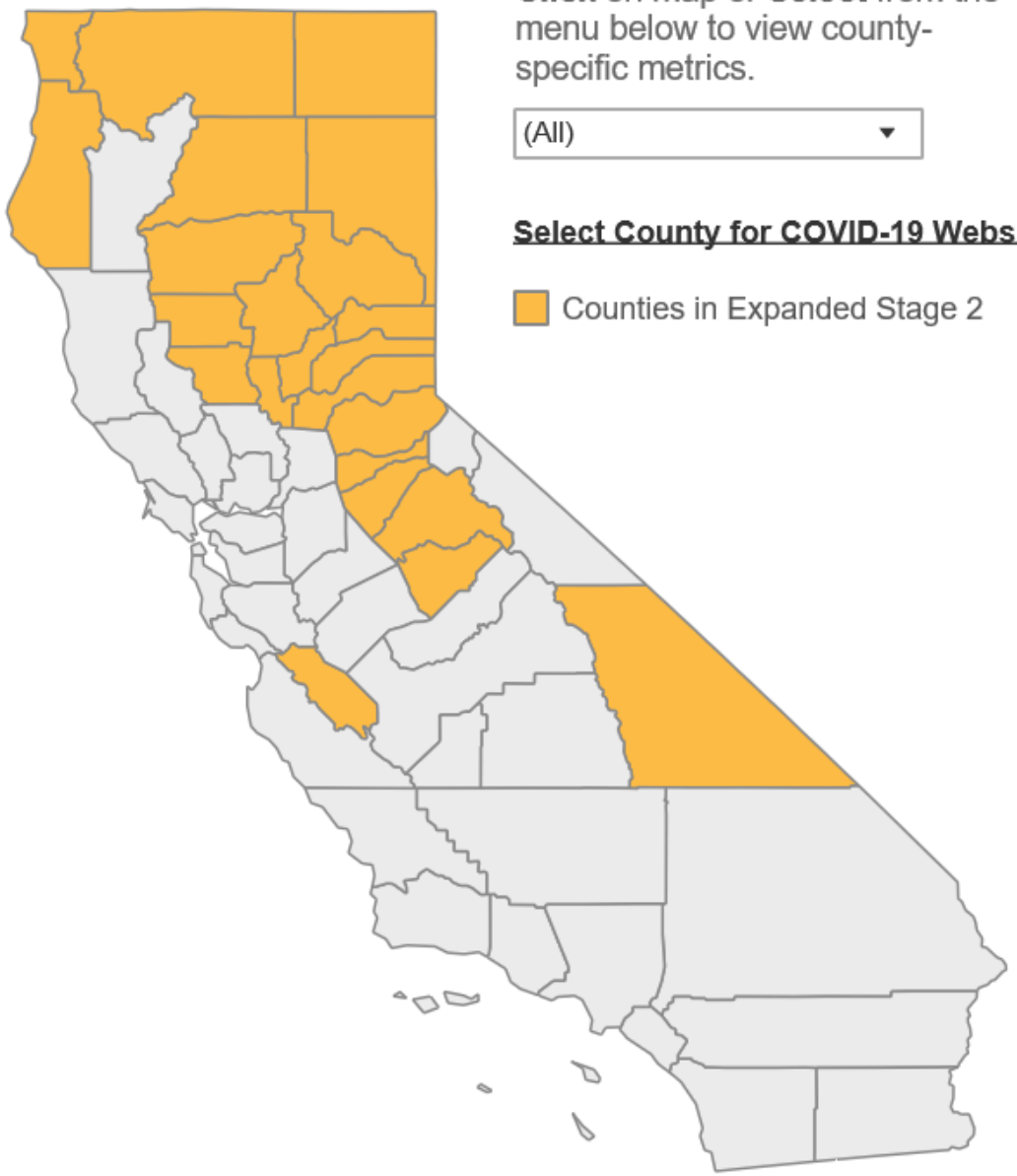
+25,223 New Cases
6.29 Per 10K

3,261
Total Deaths

+1,046 New Deaths
0.26 Per 10K

1,235,243
Tests Reported

+519,492 New Tests Reported
+72.6% Increase



Click on map or **Select** from the menu below to view county-specific metrics.

(All)

Select County for COVID-19 Website

Counties in Expanded Stage 2

Federal Response

1st stimulus package

- Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020: CDC announced 80 million in funding to Tribes, Tribal Organizations, and UIOs
  - 30 million: Supplement to 9 regionally designated Tribal Organizations, including resources for sub-awards to Tribes (28 million) and other direct funds to a number of large Tribes (2 million) aka "1803" *Status: Completed*
  - 10 million: Supplement existing funding to the NCUIH, which will make sub-awards to 41 urban Indian health centers (8 million) and NIHB for COVID-19 communication activities (2 million) *Status: Completed*
  - 40 million: New non-competitive grant to reach all Title I and Title V Tribes that are eligible to apply for a Federal grant. *Status: RFA released*

Federal Response

1st stimulus package

- Opportunity Title: Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response *Status: RFA released*
- Estimated Application Due Date: Rolling deadline up to May 31, 2020
- Eligible Applicants:
  - Component A: Federally recognized tribes that contract or compact with the IHS under Title I and Title V of the ISDEAA, or consortia of these tribes, or their bona fide agents, https://www.cdc.gov/tribal/documents/cooperative-agreements/OT20-2004-IHS-Component-A-Eligibility-List-508.pdf
  - Component B: All federally recognized tribes, tribal organizations, consortia of federally recognized tribes, or their bona fide agents, including Component A applicants.
- Applicants under Component A will be funded first using the initial $40 million; however, applicants under Component B should apply to be eligible for subsequent rounds of funding through this mechanism (CDC $125M via CARE Act)

Federal Response

1st and 3rd stimulus package

Base amount: $25,000

IHS Fractional Allotment: Modified version of the IHS Tribal Size Adjustment formula

Population Based Allocation: Population is defined as all individuals residing within a jurisdiction, as defined by the applicant. This can include non-AIAN. The calculation is the recipient's reported population served divided by the total population served across all recipients.

- Component A: Initial NOA= Base + IHS Fractioned Allotment
  Final NOA= Base + IHS Fractioned Allotment + Population Based Allocation

- Component B: Initial NOA= Base
  Final NOA= Base + Population Based Allocation

After Final NOA received by June 30, applicants will 60 days to submit a revised work plan and budget

Federal Response

1st stimulus package

Required application forms:

- SF 424
- CDC assurances and certifications
- Risk assessment questionnaire
- Project abstract summary --- where you enter population size
- SF 424A
- Disclosure of lobby activities
- HHS Checklist

Forms with uploads

- Project Narrative: organizational capacity statement/documents and work plan excel file
- Budget Narrative Attachment form: upload budget narrative with approximate numbers

RFA: https://www.cdc.gov/tribal/cooperative-agreements/tribalcovid-ot20-2004.html

Federal Response

1st stimulus package

- Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020: DHHS Public Health and Social Services Emergency Fund: 70 million to IHS will be made available to prevent and prepare for COVID-19 in AIAN communities
  - $30 million: IHS will distribute to IHS Federal health programs in support of COVID-19 response activities. These funds will be distributed according to existing allocation methodologies that use recurring Federal Hospitals and Health Clinics base funding levels. *Status: Completed*
  - $40 million: To purchase personal protective equipment (PPE) and medical supplies through the IHS National Supply Service Center. These resources will provide critical PPE and medical supplies that will be available to I/T/U health programs free of charge. *Status: Completed*

Federal Response

2nd stimulus package

- Families First Coronavirus Response Act: Signed on March 18 by President Trump to allocate 64 million for COVID-19 testing activities to IHS.
  - IHS held a Tribal Consultation call on March 23, 2020 and an Urban Confer call on March 25, 2020.
  - 3 million: allocated to Urban Indian Organizations *Status: Completed*
  - 61 million: allocated to IHS Federal health programs and THPs, using the existing distribution methodology for program increases in Hospitals and Health Clinics funding. Tribal Health Programs will receive these one-time, non-recurring funds through unilateral modifications to their existing ISDEAA agreements. *Status: Completed*

Federal Response

3rd stimulus package

- The Coronavirus Aid, Relief, and Economic Security (CARES) Act, was signed by the President on March 27, 2020
  - IHS: $1.032 billion- *Status: In process*
  - CDC: $125 million set aside for Tribes- *Status: Funds will be used to fund the OT-20-2004 RFA opportunity*
  - SAMHSA: $15 million set aside for Tribes- *Status: Supplements awarded via existing Native Connections grants*
  - HRSA: $15 million set aside for Tribes through Rural Health Office for health care integration, telehealth services via Rural Tribal COVID-19 Response Program- *Status: Funding opportunity closed*

Federal Response

3rd stimulus package

- The Coronavirus Aid, Relief, and Economic Security (CARES) Act, was signed by the President on March 27, 2020
  - IHS: 600 million
    - $30 million to Urban Indian Organizations *Status: Completed*
    - $570 million to IHS federal health programs and Tribal Health Programs using existing distribution methodologies for program increases. *Status: Completed*
  - IHS: $432 million
    - $65 million for Electronic Health Record stabilization and support
    - $367 million based on Tribal consultation and urban confer comments *Status: In process*

$1.032 billion

https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/2020_Letters/DTLL_DUIOLL_04032020.pdf

Federal Response

3rd stimulus package

$367 million

- $125 million to transfer to Facilities Account to support COVID-19 activities at IHS and Tribal health programs.
  - $74 million will support medical equipment needs- Distributed using existing formulas
  - $41 million will support maintenance and improvement needs- Distributed using existing formulas
  - $10 million will support sanitation and potable water needs- Managed by IHS and provided on case-by-case basis
- $20 million to support Urban Indian Organizations
- $50 million to IHS and Tribal health programs for increases in Community Health Representatives and Public Health Nursing via one-time, non-recurring modification to ISDEAA agreements.
- $95 million to support expansion of telehealth activities across IHS, Tribal, and UIHOs
- $26 million to support TECs and national surveillance coordination activities at IHS
- $6 million for public health support activities: broaden messaging activities
- $5 million to provide additional test kits and materials with no charge to IHS, Tribal, and UIHOs
- $10 million for non-Federal staff support for deep cleaning, equipment, protection and overtime for non-clinical staff
- $30 million to address unanticipated needs in the future

Federal Response

3rd stimulus package

- The Coronavirus Aid, Relief, and Economic Security (CARES) Act, was signed by the President on March 27, 2020
  - $50 billion to pay for claims of the uninsured and to target hot spots, rural hospitals, and IHS facilities
    - IHS: $400 million- Distributed on the basis of operating expenses. This money will be distributed as early as next week on the basis of operating expenses for facilities. *Status: In process*

https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/index.html

Federal Response

4th stimulus package

- Paycheck Protection Program and Health Care Enhancement Act, signed on April 24, 2020
  - Provides emergency supplemental funding to increase amounts authorized and appropriated for commitments for the Paycheck Protection Program, economic injury disaster loans, and emergency grants under the CARES Act
  - Provides $75 billion to reimburse hospitals and healthcare providers for COVID-19-related expenses and lost revenue
    - Portion of this funding may be transferred to IHS and Tribal health programs
    - Provides $750 million to Tribes, Tribal organizations, and UIHOs to develop, purchase, administer, process and analyze COVID-19 tests, scale up lab capacity, and trace the spread of the disease *Status: Held Tribal consultation*

Federal Response

- The COVID-19 Uninsured Program Portal
  - Allows health care providers who have conducted COVID-19 testing, or provided treatment for uninsured COVID-19 individuals on or after February 4, 2020, to request claims reimbursement.
  - Link: https://www.hrsa.gov/coviduninsuredclaim
  - Providers can begin submitting claims on May 6 and the earliest providers will receive payment will be May 18th.

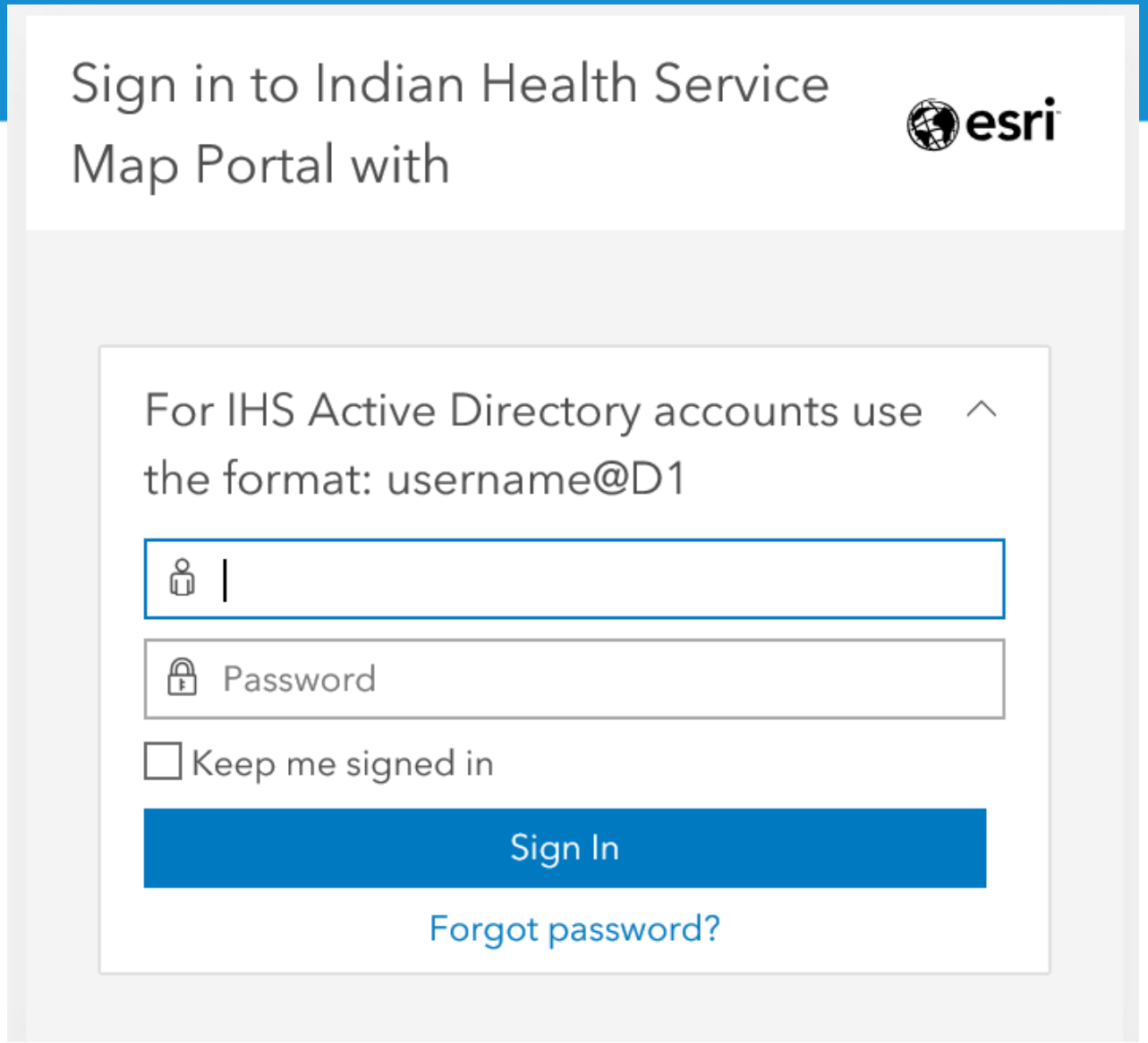
Federal Updates

Indian Country COVID-19 Response Update Call

- Date: Thursday, May 21, 2020
- Time: 4:00 – 5:30 PM (EST) (please note time zone)
- Registration- RSVP is required: https://ems9.intellor.com/?do=register&t=1&p=901548
- Note: You must RSVP to join the call. Upon successful registration, you will receive a confirmation email with dial-in instructions.

CTEC Surveillance

- The new system allows data entry at the facility level for all I/T/U facilities. I/T/U facilities will enter the data directly into the new online data collection tool themselves.
- **Implementation:** Starting Tuesday, April 14, 2020, all of the IHS Areas will start using the new online data entry tool and discontinue submitting the daily COVID-19 Surveillance Data Excel spreadsheets.

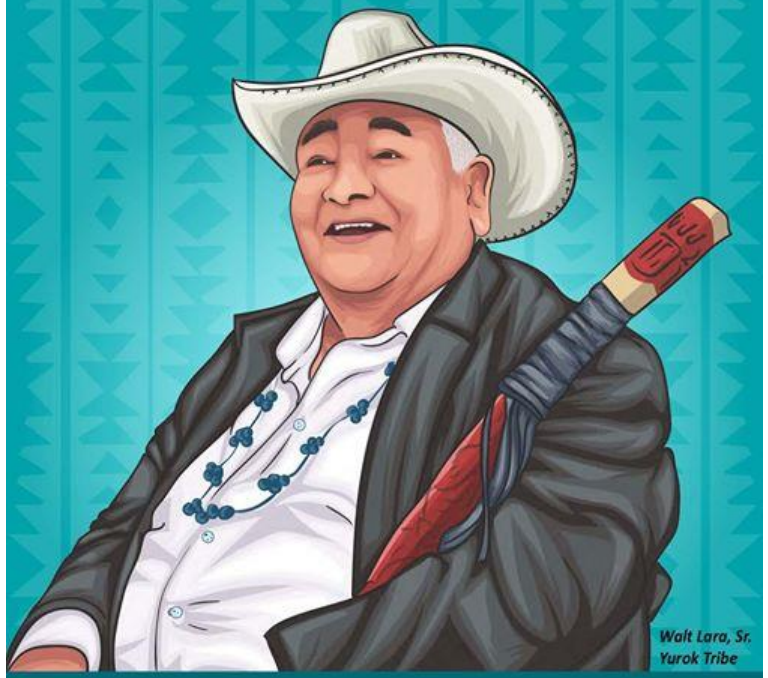


CRIHB Response

- Webinars
  - Setting Up a Community Isolation Facility on Tribal Lands by the American Indian Commission of Washington State
    - Link to recording: https://crihb.sharefile.com/share/view/sa3272b480d14e2e9
  - Tribal Jurisdictional Challenges with COVID-19 Pandemic
    - Date: 5/20/20 at 10:00 am
    - https://us02web.zoom.us/j/86259858041; Meeting ID: 862 5985 8041
  - Culturally Effective Risk Communication for Covid-19
    - Date: TBD
  - Others webinar training needs?

- Educational materials that can be found at: https://crihb.org/prevention-and-education/public-health/

Stay home.
Give us a chance!



Walt Lara, Sr.
Yurok Tribe

Ways to keep Elders safe during the COVID-19 crisis:

- *Designate one or two family members who will be responsible for checking in on us and caring for us.*
- *Make a plan to keep our food and medicine stocked. (This may mean dropping off food outside of our homes.)*
- *Visit with us by phone, video, or through the window.*

#ProtectOurElders

California Rural Indian Health Board, Inc.
CRIHB COVID-19 Resources:
https://crihb.org/prevention-and-education/public-health/

Don't put your loved ones at risk.

Lewis George
Pit River Tribe

Protect yourself and your family from COVID-19:

- *Practice physical distancing.*
- *Wash your hands with soap and water for at least 20 seconds.*
- *Do not touch your face with unwashed hands.*
- *Cover coughs and sneezes with your sleeve or a tissue.*
- *Wash your hands right after you cough, sneeze, or blow your nose.*
- *Follow guidelines from your Tribal Council and Tribal health clinic.*

California Rural Indian Health Board, Inc.
CRIHB COVID-19 Resources:
https://crihb.org/prevention-and-education/public-health/

Protect the Keepers of Our Traditions

Juana Majel-Dixon
Pauma Band of
Luiseño Indians

The Creator gave us heart, mind, and spirit. To heal, you do not need to be physically present. Trust your heart, mind, and spirit to touch each other.
#StayHomeSaveLives

California Rural Indian Health Board, Inc.
CRIHB COVID-19 Resources:
https://crihb.org/prevention-and-education/public-health/

Protect our Elders.
Stay home. Save lives.

Beverly J. Hunter
Table Mountain Rancheria

The best way to prevent illness is avoid being exposed to the COVID-19 virus.

- *Stay home if possible.*
- *Wash your hands often.*
- *Keep space between yourself and others (stay 6 feet away, which is about two arm lengths).*
- *Avoid close contact with people who are sick.*
- *Clean and disinfect frequently washed surfaces.*

#PrayerWarriorsforAll

California Rural Indian Health Board, Inc.
CRIHB COVID-19 Resources:
https://crihb.org/prevention-and-education/public-health/

Stay home.
Limit physical interactions.
Save lives.

Danielle Brewster
Paiute/Tachi/Mono

Activities you can do at home together as a family: smudging, making herbal teas, reading, baking, meditating, praying, doing puzzles, playing board games, drawing, singing, drumming, and dancing.

California Rural Indian Health Board, Inc.
CRIHB COVID-19 Resources:
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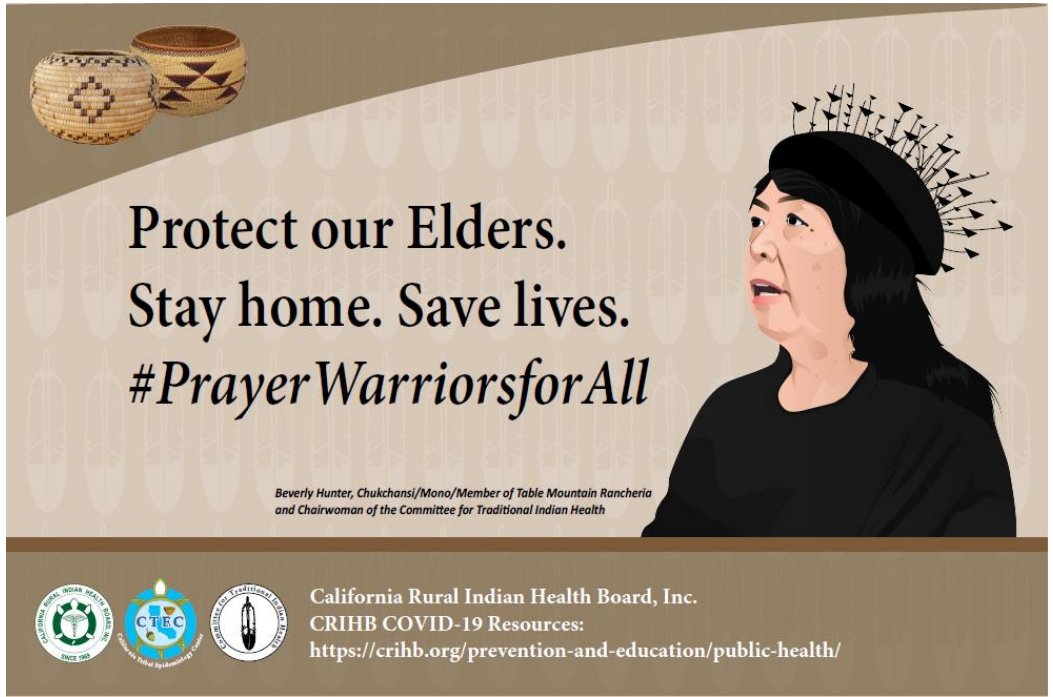

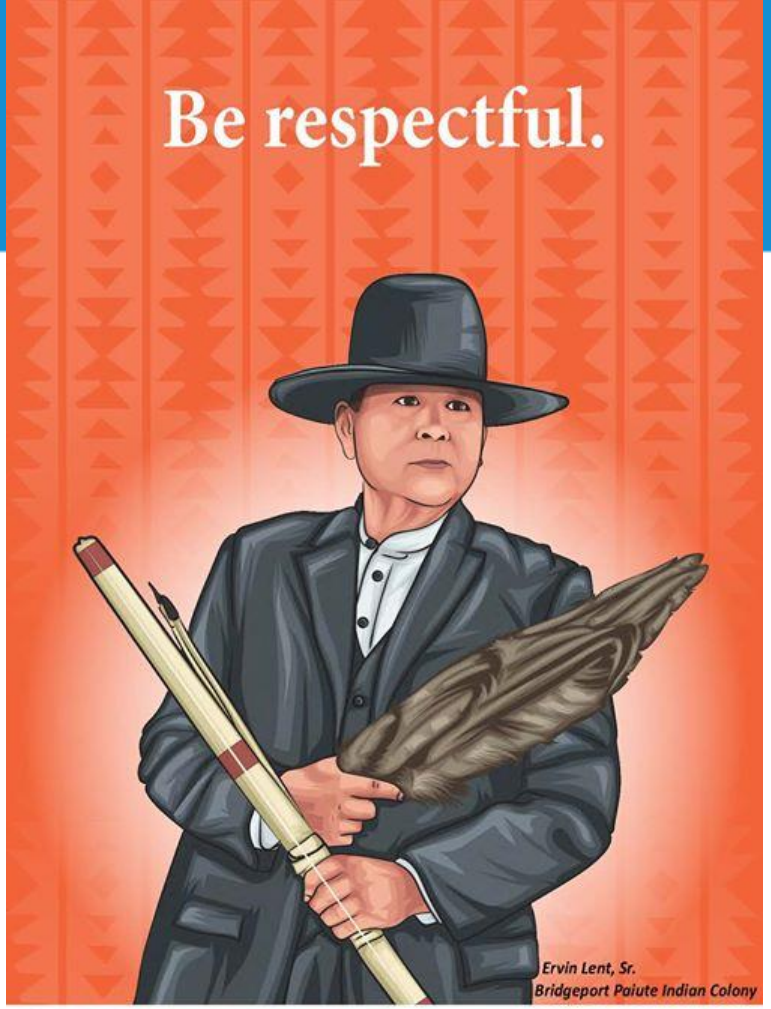

Take responsibility for your people.
Stay home and practice physical distancing during the COVID-19 crisis.
#ProtectOurElders

California Rural Indian Health Board, Inc.
CRIHB COVID-19 Resources:
https://crihb.org/prevention-and-education/public-health/

Public Service Announcements

- Far Northern California: Wingspan Media
- Sonoma/Mendocino Area: TBD
- Central California: TBD
- Eastern California: TBD
- Southern California: American Indian Media Concepts

How to reach us for questions:

Clinical-related assistance:
Thomas Kim, MD, MPH
Medical Director/Epidemiologist
tkim@crihb.org

PPE-related questions:
Rosario Arreola Pro
Director, Health Systems Development
rarreolapro@crihb.org

Community or data-related assistance:
Vanesscia Cresci, MSW, MPA
Director, Research and Public Health
vcresci@crihb.org

Submit CTEC TA online request:

https://crihb.org/technical-assistance-request-form/